

Health Saver 2800

Effective January 1, 2009

This chart provides a summary of the benefits and prescription drug program for the Health Saver 2800, an HSA-qualified high-deductible health plan. See the reverse side for a glossary of terms used.

PLAN FEATURES		
In-network	Deductible for an individual	\$2,800 ¹
	Deductible for a family	\$5,600 ¹
	Plan pays/individual pays	80%/20% ²
	Annual out-of-pocket maximum for an individual	\$3,000 after deductible
	Annual out-of-pocket maximum for a family	\$6,000 after deductible
	Primary care physician office visit / Specialist office visit	80% after deductible
	Wellness and preventive care (primary care/specialist)	100% (no deductible)
	Hospital inpatient including maternity (per admission)	80% after deductible
	Outpatient surgery (per occurrence)	80% after deductible
	Emergency room (per visit)	80% after deductible
	Outpatient services (CT scans; MRI; diagnostic)	80% after deductible
	Mental health/substance abuse (inpatient) after deductible	80% (30 days annually)
	Mental health/substance abuse (outpatient) after deductible	80% visits 1–10, 50% visits 11–50 (50-days annually)
Out-of-network	Deductible for an individual	\$5,600 ¹
	Deductible for a family	\$11,200 ¹
	Plan pays/individual pays	50%/50% ²
	Annual out-of-pocket maximum for an individual	\$10,000
	Annual out-of-pocket maximum for a family	\$12,000
	Wellness and preventive care	Not covered
	Hospital inpatient including maternity (per admission)	50% after deductible
	Outpatient surgery (per occurrence)	50% after deductible
	Emergency room (per visit)	50% after deductible
	Mental health and substance abuse (inpatient)	50% after deductible (30-days annually)
	Mental health and substance abuse (outpatient)	50% after deductible visits 1-50

PRESCRIPTION DRUG PROGRAM		
	Individual/family ¹	\$2,800/\$5,600
Retail (30-day supply)	Generic	80% after deductible
	Preferred	80% after deductible ³
	Non-preferred	80% after deductible ³
Home Delivery (90-day supply)	Generic	80% after deductible
	Preferred	80% after deductible ³
	Non-preferred	80% after deductible ³
	Specialty drug	80% after deductible

¹Your deductible is met by both medical and prescription drug expenses.

²Plan deductible must be met before benefits are paid.

³If a preferred or non-preferred drug is purchased when a generic is available, the cost difference between the preferred/non-preferred drug and its generic equivalent will not apply to the participant's deductible or out-of-pocket expenses. After the deductible is met, the participant must pay the cost difference between the preferred/non-preferred drug and its generic equivalent if available.



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Glossary of terms

Deductible — The up-front, out-of-pocket expense. Participants must meet their deductible with eligible charges before claims will be paid according to plan benefits.

Family deductible — When family members meet the plan amount determined to be the family deductible, the plan will consider all family members to have met their deductibles. One individual cannot contribute to the family deductible more than the amount determined to be the individual deductible.

Generic — A term used for prescription drugs identified by their chemical name. A bioequivalent to the brand name drug made available to the public after the patent has expired on the brand name drug. The generic version usually results in a less expensive drug.

Home delivery — When you need a prescription drug on an ongoing basis, you can mail your prescription to the Medco Health Home Delivery Pharmacy Service™ to receive prescriptions for up to a 90-day supply of medication.

Health Savings Account (HSA) — an account that can be used to pay current medical expenses as well as to provide for future qualified medical expenses on a tax-advantaged basis. Contributions, earnings and distributions are exempt from federal income and Social Security (FICA) taxes when used to pay for qualified medical expenses.

In-network — Health care services received from a provider in a network.

Network provider — A doctor, hospital or other health care facility that has entered into a contract to provide medical services or supplies at agreed upon rates to you or your covered dependents under the plan.

Preferred brand name drugs — Also known as formulary drugs; this is a list of commonly prescribed medications that are selected based on their clinical effectiveness and opportunities to help control your plan's costs.

Retail pharmacy benefits — When you need a prescription on a short-term basis, you can fill your prescription at a local participating network pharmacy to receive prescriptions for up to a 30-day supply.

Specialist — Any physician not considered a primary care physician. Chiropractic care is paid according to standard plan provisions.

Wellness and preventive care — Covered services are based on a preventive health schedule which includes preventive services for children and adults based on recommendations from the U.S. Preventive Service Task Force, the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics.

This information only highlights the depth of coverage and benefits you can receive when you protect yourself with GuideStone. There are limitations and exclusions that apply. This is a general summary of plans that are offered. The official plan documents and insurance contracts set forth the eligibility rules, limitations, exclusions and benefits. These alone govern and control the actual operation of the plan.